

CONTRACTOR PRODUCTION REPORT (ATTACH ADDITIONAL SHEETS IF NECESSARY)					DATE	
CONTRACT NO		TITLE AND LOCATION			REPORT NO	
CONTRACTOR			SUPERINTENDENT			
AM WEATHER		PM WEATHER		MAX TEMP F	MIN TEMP F	
WORK PERFORMED TODAY						
Schedule Activity No.	WORK LOCATION AND DESCRIPTION		EMPLOYER	NUMBER	TRADE	HRS
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CONT SHEETS	
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? <small>(If YES attach statement or checklist showing inspection performed.)</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action.)</small>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED				<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.	
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)						
Schedule Activity No.	Submittal #	Description of Equipment/Material Received				
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.						
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)				Hours Used
Schedule Activity No.	REMARKS					
CONTRACTOR/SUPERINTENDENT				DATE		